

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155789		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/30/2012	
NAME OF PROVIDER OR SUPPLIER  RIDGEWOOD HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 181 CAMPUS DR LAWRENCEBURG, IN 47025			
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F0000	<p>This visit was for the Investigation of Complaint IN00116922.</p> <p>Complaint IN0116922 -- Substantiated. Federal/State deficiency related to the allegations is cited at F282.</p> <p>Survey dates: October 26, 29, and 30, 2012</p> <p>Facility number: 012523 Provider number: 155789 AIM number: 201027870</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF: 32 SNF/NF: 18 Residential: 42 Total: 92</p> <p>Census payor type: Medicare: 28 Medicaid: 14 Other: 50 Total: 92</p> <p>Sample: 4</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>The submission of this Plan of Correction does not indicate an admission by RidgeWood Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of RidgeWood Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/27/2012  
FORM APPROVED  
OMB NO. 0938-0391

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	Quality review completed on November 8, 2012 by Bev Faulkner, RN						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure licensed nursing staff followed the physician's written orders for care for a terminally ill resident who requested to have a "Do Not Resuscitate" (DNR) advanced directive honored when she became unresponsive while in the care of the facility. This resident had cardiopulmonary resuscitation (CPR) initiated by facility staff after becoming unresponsive and 911 emergency was called, but subsequently passed away at an area hospital. This deficient practice affected 1 of 3 residents reviewed for advanced directives in a sample of 4. (Resident #C)</p> <p>Findings include:</p> <p>Resident #C's clinical record was reviewed on 10-26-12 at 3:15 a.m. Her diagnoses included, but were not limited to severe COPD (chronic obstructive pulmonary disease) with acute exacerbation, end stage heart disease, high blood pressure and anxiety. Review of the admission information indicated she had originally been admitted 3-22-12</p>		F0282	<p>1. Resident C is deceased, no corrective action was found necessary</p> <p>2. All clinical records have been audited by DHS/designee for advanced directive accuracy. A new No Code/ Full code form has been initiated for all current clinical records. The audit was completed by 11/28/12 to assure all clinical records have a new form with signature and a physicians order that matches directive.</p> <p>2. All licensed nursing staff have been re-educated by DHS/designee on following the physicians written advanced directive orders and utilization of the new No Code/ Full Code form.</p> <p>3. The DHS/designee will complete audits of all new admission charts for accurcay of advanced directives and physicians order.</p> <p>4. All audits will be reviewed during our daily CCM meeting, montly during quality assurance meeting by DHS/designee and quarterly during cat/peer review</p>		11/28/2012	

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	<p>until 4-25-12 and returned to the facility for re-admission on 7-19-12, following a 12 day hospitalization.</p> <p>Review of the initial admission information indicated Resident #C requested to be a "DNR" with an "Out of Hospital Do Not Resuscitate Declaration and Order" signed by the resident on 3-22-12 and again on 3-26-12. Accompanying physician's orders, dated 3-22-12, indicated her code status as "No Code." The "Nursing Admission Assessment &amp; Data Collection" form, dated 3-22-12, indicated her code status as "No Code." A "Resident First Conference Notes" document, dated 4-4-12, indicated the resident's code status as "DNR."</p> <p>Review of the re-admission information indicated the "Out of Hospital Do Not Resuscitate Declaration and Order" had "Full Code" written twice across the document with only the resident's name as identifying information. No dates or signatures were listed on the form. This document was printed on hot pink paper. Physician's orders, dated 7-19-12, indicated the resident's code status as "No Code." A local hospital's admission History and Physical document, dated 7-7-12, indicated, "The patient does not want any aggressive measures. This has</p>			by home office support. . These audits will be on going.			

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	<p>been the case many times in the past as well." Subsequent "Continuity of Care Form for Receiving Facility: Physician Instructions," dated 7-19-12, indicated, "Code Status: No Code." The "Nursing Admission Assessment &amp; Data Collection" form, dated 7-19-12, indicated her code status as "Full Code." "Social Services Progress Notes," dated 7-20-12 and 7-23-12, did not indicate the resident's code status.</p> <p>Review of the nursing notes, dated 7-19-12, the day of admission, until discharge to the local emergency room on 7-21-12 did not indicate the resident's code status. On 7-20-12 at 11:15 p.m., the nursing notes indicated the resident was in bed with her eyes closed, but did respond to verbal stimuli and denied any pain or shortness of breath. Nursing notes 45 minutes later on 7-21-12 at 12:00 a.m., signed by LPN #1, indicated, "Went to room to do assessment, door closed, was open when writer left room earlier. Knocked on door, called resident name. [Sign for no] response. Attempted to enter door; would only open few inches. Seen resident hand on floor. Call [to] [name of LPN #2] stat [immediately] Was able to open door enough to push w/c [wheelchair] and squeeze in. Resident in fetal position...skin cold, gray, [sign for no] VS [vital signs,] nailbeds</p>						

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	<p>blue. Crash cart set up, CPR started. 911 called..." The notes concluded with the local ER supervisor calling the facility on 7-21-12, time not indicated, to inform the facility the resident passed away that date at 12:55 a.m."</p> <p>In interview with LPN #2 on 10-26-12 at 4:45 a.m., she indicated she and LPN #1 had to pry open the door to Resident #C's room, because she was lying up against the door. She indicated it appeared as if the resident had been to the restroom. She indicated the staff (names not identified) "found the hot pink 'Full Code' form" in the resident's clinical record and CPR was initiated. She indicated, "Further back in the chart, pretty much after the fact, we found the 'No Code' paperwork. Someone had told us in report that she was a no code, but that was not what we initially found with the paperwork." She indicated the Director of Nursing (DON) was notified immediately about the CPR status. She indicated after this event, an audit of the resident's charts was conducted, as well as inservicing (staff education) on advanced directives.</p> <p>In interview with the Admissions Coordinator on 10-29-12 at 11:40 a.m., she indicated she had conducted the readmission paperwork and information with Resident #C, her spouse and another</p>						

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	<p>relative of Resident #C. She indicated she explained the CPR or DNR questions "that it had to do with CPR." She indicated they (the resident and her family) decided they would want CPR. She indicated she then filled out the DNR paperwork "by putting 'full code' on it (the form.) She indicated, "Since then, and especially in the last week, I've been having the resident or family sign it after I put 'full code' on it and date it, too. I preferred the old form that gave you a choice of 'yes' or 'no' for the CPR. It made it more clear." The Admissions Coordinator did not indicate if she shared this code information with other facility staff.</p> <p>A policy entitled, "Cardiopulmonary Resuscitation (CPR)" was provided by the Corporate Nurse on 10-29-12 at 12:15 p.m. This policy was identified as the current policy in use. This policy indicated, "The resident's code status should be determined at admission and reviewed at least annually and prn (as needed.)...A physician order shall be obtained to correspond with the resident/responsible party's wishes."</p> <p>3.1-35(g)(2)</p>						